

Form CPF M 102: Campaign Finance Report

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Commonwea		of Campaign an	d Political Finance RECEIVED TOWN CLERK'S OFFICE File with: City or Town Clerk or	
of Massachus			File with: City or Town Clerk or	Election Commission
Fill in Re	eporting Period dates: Beginning Date:	March 8, 2019	Ending 2020e: JAN DZ dember 38, 201	.9)
Type of 1	Report: (Check one)		TOWN OF LUDLOW	
A. 4	y preceding preliminary Sth day preceding elec	ction 30 day	y after election 🔀 year-end report	dissolution
William Ro	osenblum	Commi	ttee to Elect Bill Rosenblum	
Board of S	Candidate Full Name (if applicable) Selectmen-Ludlow	Kristen	Committee Name Rosenblum	
Doard or S	Office Sought and District	Kristen	Name of Committee Treasurer	
43 Green	Street, Ludlow, MA 01056	43 Gre	en Street, Ludlow, MA 01056	
E-mail:	Residential Address LBC 1000 @ CHANTEN. WET	E-mail:	Committee Mailing Address KBR 1000 & CHANTEL.	NET
Phone # (opt	Alc 8250	Phone #	(optional):	
	SUMMARY BA	LANCE INFO	RMATION:	\neg
	Line 1: Ending Balance from previous repo	ort	2,585.77	
	Line 2: Total receipts this period (page 3, 1	ine 11)	50	
	Line 3: Subtotal (line 1 plus line 2)		2,635.77	
	Line 4: Total expenditures this period (pag	ge 5, line 14)	2,536.63	
	Line 5: Ending Balance (line 3 minus line	4)	99.14	
	Line 6: Total in-kind contributions this per	riod (page 6)		
	Line 7: Total (all) outstanding liabilities (p	age 7)		
	Line 8: Name of bank(s) used: LUSO Federa	al Credit Union		
I certify that I activity, inclu finance activi	Committee Treasurer: I have examined this report including attached schedules and it is a uding all contributions, loans, receipts expenditures, disbursements ity of all persons acting under the authority of on behalf of this commercer the penalties of perjury:	in-kind contributions	and liabilities for this reporting period and represents the	
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (cl	heck 1 box only)	1	
I certify activity,	ate with Committee that I have examined this report including attached schedules and i of all persons acting under the authority or on behalf of this comm any liabilities nor made any expenditures on my behalf during this	ittee in accordance wit	h the requirements of M.G.L. c. 55. I have not received	all campaign finance I any contributions,
I certify finance	ate without Committee that I have examined this report including attached schedules and i activity, including contributions, loans, receipts, expenditures, disbign finance activity of all persons acting under the authority or on being the contributions.	ursements, in-kind con	tributions and liabilities for this reporting period and re n accordance with the requirements of M.G.L. c. 55.	all campaign presents the
Signed unde	er the penalties of perjury:	corra	(Candidate's signature)	· 1 cow

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SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a safendar year,

occupation and employer must be reported for all persons who contribute \$200 or more in a safendar year, and (A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	2020 JAN Occupation & Employer (for contributions of \$200 or more)
4/10/2019	Hite, Jon Box 661, Hadley, MA 01035	50	TOWN OF LUDLOW
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	50	← Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		<u></u>
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)]
			4
	RECEIPTS IN THE PERIOD		← Enter on page I, line 2
* If you have itemized	receipts of \$50 and under, include them in line	9. Line 10 shou	ld include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid		n each page.) TOWN CLERK'S O	FFICE
Date Paid	(alphabetical listing)	Address	Purpose of fixponditure	Amount
4/20/2019	Dinelle, Jason 413Eats	3 Bowles Avenue, Ludlow	Fundraiser Food OWN OF LUDL	W 100
3/18/2019	Dunkin Donuts	4 Harding Avenue, Ludlow, MA	Coffee/donuts for volunteers	26.6
3/25/2019	Dunkin Donuts	4 Harding Avenue, Ludlow, MA	Coffee/donuts for volunteers	28.03
3/15/2019	Get Set Marketing	207 Worthington Street, Springfield, MA	Campaign Mailer	1,500
4/18/2019	Iron Duke Brewing, Nick Morin, owner	100 State Street, #122 Ludlow, MA	Fundraiser Beverages	150
4/10/2019	Rosenblum, William	43 Green Street, Ludlow, MA	Reimbursement for campaign lawn signs	400
3/18/2019	Turley Publications	24 Water Street, Palmer, MA	Newspaper Advertisement	332
	*			
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	2,536.63
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	2,536.63

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	I O W nom Paid			
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			RECEIVE	· · ·
			TOWN CLERK'S OFF	lor.
			10WN OF LUDLOW	1 <u>CE</u>
			10W 07 A 8	46
			L TOWN OF LUDLOW	
8				
L [Line 12: Evnanditures aver \$50	(or listed above)	
	5	Line 12: Expenditures over \$50		
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

D.4. D	T W D : 14	D		
Date Received	From Whom Received*	Residential Address	Description of Contribution. TOWN CLERK'S OF	Value
-			2020 JAN 21 A 8	ICE
			TOWN OF LUDLOW	46
			. OM OF LUDLON	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			TOWNCIELVE	6
			TOWN OF LUDLOW	FICE
			OF LUDLOW	
				*
G.				
9				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	